

County of Los Angeles – Department of Mental Health  
Service Area 3

Quality Improvement Committee Meeting

March 19, 2014

9:30 am – 11:30 am

**AGENDA**

- |     |                            |                   |
|-----|----------------------------|-------------------|
| I   | Welcome and Introductions  | Bertrand Levesque |
| II  | Review of the Minutes      | Bertrand Levesque |
| III | Request to Change Provider | Bertrand Levesque |
| III | QI/QA Maryvale Process     | Maelisa Hall      |

**Quality Improvement**

- |     |                                      |                   |
|-----|--------------------------------------|-------------------|
| I   | Parameters for 4.16 Family Inclusion | Elizabeth Owens   |
| II  | Cultural Competency                  | Elizabeth Owens   |
| III | Children Countywide QIC              | Bertrand Levesque |
| IV  | Patient Right Office                 | Bertrand Levesque |
| V   | Policy Updates                       | Gassia Ekizian    |
| VI  | LGBTQ Meeting updates                | Mary Crosby       |
| VII | EQRO Audit                           | Alfredo Larios    |

**Quality Assurance Liaison Meeting**

- |     |   |                   |
|-----|---|-------------------|
| I   | Licensed Professional Clinical Counselors | Gassia Ekizian    |
| II  | IBHIS Rollout                             | Gassia Ekizian    |
| III | QA Documentation                          | Bertrand Levesque |

**Other Issues**

- |     |               |                   |
|-----|---------------|-------------------|
| I   | Audits        | Gassia Ekizian    |
| II  | Announcements | All               |
| III | Adjournment   | Bertrand Levesque |

**Next Meeting: April 16, 2014 at Enki, 3208 Rosemead Blvd  
2<sup>nd</sup> Floor, El Monte, Ca**

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH**  
**Service Area 3**  
**Quality Improvement Committee Meeting**  
**March 19, 2014**

<i>Misty Aronoff</i>	<i>Alma</i>		<i>Gassia Ekizian</i>	<i>Foothill Family</i>
<i>Judy Law</i>	<i>Alma</i>		<i>Stella Tam</i>	<i>Heritage Clinic</i>
<i>Makan Emadi</i>	<i>Arcadia MH</i>		<i>Ari Winata</i>	<i>Hillsides</i>
<i>Fernando Reyes</i>	<i>Bienvenidos</i>		<i>Poonam Natha</i>	<i>Leroy Haynes Center</i>
<i>Mark Rodriguez</i>	<i>Bridges</i>		<i>Marisa Duran</i>	<i>Leroy Haynes Center</i>
<i>Elizabeth Salcido</i>	<i>Bridges</i>		<i>Maelisa Hall</i>	<i>Maryvale</i>
<i>Leslie Shrager</i>	<i>Children's Bureau</i>		<i>Karla Martinez</i>	<i>Maryvale</i>
<i>Erin Grierson</i>	<i>Crittenton</i>		<i>Gabriela Rhodes</i>	<i>McKinley</i>
<i>Racquel Hernandez</i>	<i>David &amp; Margaret</i>		<i>Vivian Chung</i>	<i>Pacific Clinics</i>
<i>Bertrand Levesque</i>	<i>DMH</i>		<i>Claudia Williams</i>	<i>Prototypes I-CAN</i>
<i>Greg Tchakmakjian</i>	<i>DMH</i>		<i>Rebecca deKeyser</i>	<i>San Gab. Children's</i>
<i>Mary Crosby</i>	<i>DMH</i>		<i>Sally S. Michael</i>	<i>SPIRITT</i>
<i>Elizabeth Townsend</i>	<i>DMH</i>		<i>Anna Milholland</i>	<i>The Family Center</i>
<i>Nancy Uberto</i>	<i>D'Veal</i>		<i>Elizabeth Owens</i>	<i>Tri-City MH</i>
<i>Windy Luna-Perez</i>	<i>Etti Lee</i>		<i>Natalie Majors</i>	<i>Tri-City MH</i>
<i>Tammie Shaw</i>	<i>Five Acres</i>		<i>Lisa Tran</i>	<i>Tri-City MH</i>
<i>Tiffani Tran</i>	<i>Five Acres</i>		<i>Jason Herrera</i>	<i>Trinity</i>

## **WELCOME**

Bertrand Levesque welcomed the group, followed by self-introductions.

## **REVIEW OF THE MINUTES**

The minutes were reviewed and accepted by Lisa Tran, and seconded by Rebecca De Keyser

## **QA/QI MARYVALE PROCESS**

**Overview:** Maryvale is a Level 12 Residential Facility with 2 sites. The QA department consists of 3 staff members. (Director, Manager, Specialist)

**Chart Reviews:** 100% of charts are reviewed at intake, at annual, and at discharge. Additionally random progress note reviews are conducted on a weekly basis. Maryvale's chart review tool has 40 questions, which each have assigned values. A compliance score is generated from the review values, and scores are sent to management staff. Poor scores will have a corrective action plan, and a re-review.

**Training:** New staff documentation trainings are scheduled as needed. Staff members (including psychiatrists) meet with the QA manager individually for new employee documentation training. Ongoing Documentation Trainings are held at least 3 times per quarter. The QA department also holds regular meetings with management staff.

**Staff Moral:** The Maryvale QA department is open and friendly. Staff can contact or visit the department directly, if they have questions or feedback. They also have a Monthly Award called "Top Documenter". The "Top Documenter" receives recognition via email, and a Starbucks gift card.



## QUALITY IMPROVEMENT

**Parameters for 4.16 Family Inclusion:** There is a new parameter 4.16 for family engagement and inclusion for adults. The parameter reviews how service providers can include a client's family in the assessment process, the treatment planning process, and ongoing treatment. Please review hand out.

**Cultural Competency:** Last meeting was on March 12, 2013 from 1:30-3:30. The focus of the meeting was discussing the mission statement and moving forward with services that can be provided "beyond the walls". Cultural Competency Meetings are held every 2nd Wednesday of the month 695 Vermont, 10<sup>th</sup> Floor. Contact: Sandra Chang-Ptasinski (schang@dmh.lacounty.gov • (213) 251-6851). The next meeting is April 9, 2014 from 1:30-3:30.

**Children Countywide QIC:** Will proceed on a quarterly basis and will continue discussion on ideas for future meetings.

**Service Area 3 MHSIP Survey:** More information will be disseminated very soon regarding survey preparation and training. Dr. Greg Tchakmakjian will be coordinating the survey again this year. Surveys will be completed twice in 2014: in the month May and in the month of November.

**Patient Rights Office:** Any forms that are from the State cannot be altered in any way, leave the forms as is. Do not place your agency logo/name on any State form. This includes Notice of Action.

**Policy Updates:** Please review the Policy Updates Handout- Handout was disseminated, which listed policies updated as of March 10, 2014.

**LGBTQ Meeting Updates:** LGBTQ committee met and worked on a mission statement. The LGBTQ committee will be working closely with the Cultural Competency Committee. If you are interested in participating in the workgroup, please attend the next meeting on April 23, 2014.

**EQRO (Alfredo Larios):** Service Areas 1 and 3 were chosen for the 2014 EQRO audit. The audit will take place from 4/28/2014 – 5/1/2014. Specific contractors have already been selected and notified. A representative sample of Service Area 3 was selected. Your agency may or may not have been selected.

- Line Staff Group Interview: Will consist of directly operated and contract providers. Will also consist of adults and children providers.
- Management Focus Group and IS/ Billing Focus Group agencies, have been selected by the State.
- Consumer/Family member focus group: There will be two groups; 1) Tuesday – Will made up of parents and caregivers for foster care and non-foster care children. 2) Wed – Will be made up of Latino adult consumers. For selected agencies, please send contact information for nominated consumers/families. Please make sure that you obtain proper authorization/consent to release consumer information and make sure to follow your agency's protocols. Do not send any consumer information via email; make sure to send via fax. The department is able to have interpreters available for any language, but needs to know right away which languages are needed. Please respond to the attachment that went out with the email.

If your agency was not selected, but you have a candidate that wants to participate, please contact Dr. Bertrand Levesque.

213-739-5455 is the number to call if you need any assistance or have any questions regarding the EQRO process.

## QUALITY ASSURANCE

**Licensed Professional Clinical Counselors:** If you have hired any LPCCs, please carefully review the MHSUDS INFORMATION NOTICE NO: 14-005, Dated February 21, 2014. The notice covers the LPCC, the qualifications, the services they can provide, and the appropriate taxonomy to choose.

**IBHIS Rollout:** Foothill Family Service was involved in the 1<sup>st</sup> pilot rollout for IBHIS. Gassia Ekizian from the agency provided the group with an overview of Foothill's experience with the pilot.

**QA Documentation:** There are new bulletins that are anticipated to be released very soon. These bulletins will cover upcoming documentation changes, such as changes to Assessments, Discharge, SFPR, Coordination Page, as well as other key documentation changes.

Dr. Bertrand Levesque will organize a training/review when these changes are implemented. Please do not execute any changes, until requirements are made effective via written notice. (i.e. bulletin).

Make sure that you print out all policies and bulletins for reference. As new policies are implemented, obsolete policies and bulletins are being removed from the LACDMH website, and may not be easily accessible.

## OTHER ISSUES

**Audits:** Moss-Levy Financial auditor will return for a second review of COS for Foothill. They will review Fiscal Year 2009-2010.

**Announcements:** (Elizabeth Townsend) - It is important that your agency maintains required materials in clinic lobbies at all times. Please review the checklist to ensure that you have all required materials posted/available.

**Adjournment:** Meeting was adjourned at 11:16

---

**Minutes recorded by:** Natalie Majors-Stewart, Tri-City Mental Health

**Minutes approved by:** Bertrand Levesque, Gassia Ekizian, Elizabeth Owens  
Quality Improvement Committee

**Next Meeting:** The next meeting will be April 16, 2014 (9:30 a.m. – 11:30 a.m.) at ENKI, 3208 Rosemead Blvd., 2<sup>nd</sup> Floor, El Monte, CA 91731.